

NEVADA FINANCIAL DISCLOSURE STATEMENT
(Attach additional sheets if necessary.)

FILE
JAN 12 2005
CERTIFIED
DEAN HELLER
SECRETARY OF STATE

NAME CLIFF FERRY
MAILING ADDRESS 288 W. CEDAR
CITY, STATE, ZIP ELKO NV 89801
TELEPHONE 725-738-3278

LENGTH OF RESIDENCE IN NEVADA 26 YRS
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 17 YRS
NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

Public Office	Annual Compensation	Term or Date Appointed	ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
MEMBER STATE BOARD OF EDUCATION #10	\$ 1,000	JAN 2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

	Self	Household Member
SOCIAL SECURITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TIAA-CREF RETIREMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OREGON PERS RETIREMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PART-TIME - UCCSN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STAT OF NEVADA	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

	Self	Household Member
NONE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

[NRS 281.571, Subsection 1(f)]:

	Self	Household Member
AMES APARTMENT 4- PLEX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Specific Location

620 SAGE ST ELKO, NV 4-PLY RENTAL

[NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
NONE	\$
	\$
	\$
	\$
	\$

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1/11/05 Signature: Chippel T. Ferry